

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>1</i>		
O.I.P.E. CLASSIFIER		<i>12</i>	<i>10/26</i>
FORMALITY REVIEW	<i>Mar</i>	<i>1145</i>	<i>11/29/01</i>
RESPONSE FORMALITY REVIEW	<i>SI</i>	<i>1021</i>	<i>03/28/02</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
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142	✓	✓	
143	✓	✓	
144	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

Best Available Copy

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

536
 03-29-02